

2115

PLACE OF BIRTH				ARIZONA STATE BOARD OF HEALTH			
County of <u>Pima</u>				BUREAU OF VITAL STATISTICS		State Index No. <u>150</u>	
District of _____				ORIGINAL CERTIFICATE OF BIRTH		Co. Registrar No. <u>241</u>	
Town of <u>Claypool</u>						Local Registrar's No. _____	
or _____							
City of _____ (No. <u>000</u> St. _____ Ward)							
FULL NAME OF CHILD <u>Mary Louise Becker</u> { Born YES							
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive <u>X</u>							
Sex of Child <u>Female</u>	Twin, Triplet or other <u>1</u>	{ and }	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>April 19, 1921</u>	(Month) (Day) (Yr.)	
FATHER				MOTHER			
Full Name <u>Harold Delbitt Becker</u>				Full Maiden Name <u>Edna Mildred Thomas</u>			
Residence <u>Claypool, Ariz.</u>				Residence <u>Claypool, Ariz.</u>			
Color or Race <u>W.</u> Age at last Birthday <u>29</u> (Years)				Color or Race <u>W.</u> Age at last Birthday <u>29</u> (Years)			
Birthplace <u>La Porte, Indiana</u>				Birthplace <u>Omaha, Nebraska</u>			
Occupation <u>mining engineer</u>				Occupation <u>Housewife</u>			
Number of Child of this mother <u>1</u>		Number of children of this mother now living <u>1</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*							
hereby certify that I attended the birth of the above child, and that it occurred on <u>April 19, 1921</u> , at <u>11:37</u> P. M.							
*When there is no attending physician or midwife, then the householder should make this return.				(Signature) <u>J. H. Miller</u> (Attending physician, midwife, householder. *)			
Given or Christian name added from a _____				Address <u>Miami, Ariz.</u>			
Supplemental report _____ 192 _____				Filed <u>Apr 20</u> 192 <u>1</u> <u>B. W. Hardy</u> LOCAL REGISTRAR.			
<u>449-419-532</u> COUNTY REGISTRAR.				A True Copy Filed <u>5/7</u> 192 <u>1</u> <u>B. G. Fox</u> COUNTY REGISTRAR.			